



D. KENT MICHIE
Utah Insurance Department
Insurance Commissioner

JON M. HUNTSMAN, JR.
Governor

Jake W. Garn, CPA
Examination Division
Chief Financial Examiner

**PROFESSIONAL EMPLOYER ORGANIZATION --
CERTIFIED THROUGH AN ASSURANCE ORGANIZATION**

Legal name of applicant: _____ FEIN #: _____

Legal name of assurance organization: _____ FEIN #: _____

PEO Licensing Assistance Request and Information Release Authorization

The above named Professional Employer Organization (PEO) or PEO Group ("Applicant") requests the above named assurance organization ("Assurance Organization") to assist Applicant with licensing by the Utah Department of Insurance ("Department") under Utah's Professional Employer Organization Licensing Act, Utah Code Ann. §31A-40-303 (2008).

THE ASSURANCE ORGANIZATION IS HEREBY AUTHORIZED to release to the Department confidential information on behalf of Applicant in support of initial and renewal licensing, including but not limited to the following information to be made available to duly authorized Department users through secure Internet access (hereinafter collectively the "Release"):

1. Basic Applicant information
 - Name of all PEO-relevant entities under common control
 - Headquarter address
 - Physical location of offices in State of Utah
 - Contact information
 - Cross guaranties of all relevant entities
2. Controlling persons information and attestations
3. Financial information
 - Most recent FYE audited financial statements
 - Spreadsheet showing prior FYE audited financial information and quarterly updates for most recent five calendar quarters, if available, including current assets & liabilities, net worth, net worth ratio, liquidity ratios (one-year and 90-day) and net income for each period
 - Quarterly certifications by an independent CPA of the timely payment of state and federal payroll taxes, insurance premiums and contributions to employee retirement plans for most recent calendar quarter and prior five calendar quarters, if available
4. Insurance information
 - Workers' compensation information
 - Health insurance information
5. Assurance Organization's certification of PEO(s) or PEO Group's continuing compliance

This Release authorization shall apply to acts by Assurance Organization, its agents, employees, and other designated representatives, who submit confidential information to the Department as part of this application. Applicant on behalf of itself, its controlling persons, officers, directors, employees and agents, hereby indemnifies and holds harmless the Assurance Organization and its agents, employees, and other designated representatives from any and all claims or damages that may arise as a result of the Release of information about Applicant or its controlling persons to the Department.

THE DEPARTMENT IS HEREBY AUTHORIZED to accept information provided by Assurance Organization for licensure or renewal of licensure of Applicant under the provisions of Utah Code Ann. §31A-40-303 (2008).

I hereby certify that, under penalty of perjury, all of the information submitted in this Application and all of the information provided to the Assurance Organization for compliance with its standards and procedures is true and complete. I am aware that submitting false information or omitting pertinent or other material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I further certify that I grant permission to the Department and Assurance Organization to verify information with any federal, state, or local government agency, current or former employer, or insurance company.

WITNESS THE SIGNATURE* of Applicant's duly authorized representative who on behalf of Applicant hereby agrees with and consents to be bound by the provisions of this application:

Signature: _____

Title: _____

Name: _____

Date: _____

Payment of a non-refundable \$2,050 fee (\$2,000 license and \$50 E-commerce) must accompany this application.

Assurance Organization Certification of Compliance

Assurance Organization does hereby certify that Applicant is in compliance with Assurance Organization's standards and procedures, which meet the requirements of Utah Code Ann. §31A-40-303 (3) (2008). Such certification shall be continuous and ongoing until Assurance Organization notifies the Department in writing within five (5) business days of a termination of compliance certification.

WITNESS THE SIGNATURE* of Assurance Organization's duly authorized representative who on behalf of Assurance Organization hereby agrees with and consents to be bound by the provisions of this application:

Signature: _____

Title: _____

Name: _____

Date: _____

*Any person electing to sign this Application electronically does hereby agree to conduct business electronically with the State of Utah in accordance with the federal Electronic Signatures in Global and National Commerce Act (E-Sign), 15 U.S.C.A. §§ 7001-7031 (Supp. 2001) and Utah's Uniform Electronic Transactions Act (UETA), Utah Code Ann. §§ 46 4-101 to -501 (2000). I/we understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.